

WORKFORCE SERVICES

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TRAINING AND ORIENTATION TIMESHEET JOURNAL

Participant Name: _____ Type of Training: _____
 (JSAP, Soft Skills, Computer, Youth Work Experience, etc..)

Instructions: For **Orientation**, check the box next to "Orientation" below and complete the timesheet and journal entries through Saturday. For **Training**, skip the first row, check the box next to "Training" and complete the timesheet and journal through Sunday.

HOURS TRAINED	HOURS PER DAY	JOURNAL <i>Reflect on or note anything you learned or experienced.</i>
<input type="checkbox"/> ORIENTATION (starts on Sunday*) Sunday: ____/____ MM DD		Journal Entry:
<input type="checkbox"/> TRAINING (starts on Monday*) Monday: ____/____		Journal Entry:
Tuesday: ____/____		Journal Entry:
Wednesday: ____/____		Journal Entry:
Thursday: ____/____		Journal Entry:
Friday: ____/____		Journal Entry:
Saturday: ____/____		Journal Entry:
TRAINING ONLY* Sunday: ____/____		Journal Entry:
Total hours worked this week:		

*For billing purposes, Orientation is Sunday through Saturday and Training is Monday through Sunday.

I confirm the accuracy of this log:

 PARTICIPANT SIGNATURE

____/____/____
 DATE

AUTHORIZED BY: _____
 (Name of DLR Staff, supervisor of training, etc..)

 SIGNATURE

____/____/____
 DATE